## <u>CITY OF CLEVELAND</u> POLICE APPLICANT PERSONAL HISTORY FORM

The City of Cleveland Center is an Equal Opportunity Employer and is committed to a moral, ethical and legal responsibility to insure equitable employment practices irregardless of an individual's race, color, religion, national origin, age, gender, disability or political affiliation. This application is a very important part of the examination process. Please answer all questions as completely as possible. An extensive background investigation will be conducted. The intentional omission or falsification of any material fact is just cause for disqualification of applicant on grounds of dishonesty. All job applications are a matter of public record, however, it is the policy of the City of Cleveland to insure to the extent allowed by law that all personally identifiable information is held in strictest confidence, property safeguarded and the use of such information is limited to valid business, regulatory or legal requirements.

## **NAME AND ADDRESS:** 1. List current complete name and address. 2. Date of Birth: \_\_\_\_\_ Place of Birth: (City, State) \_\_\_\_\_ 3. Have you ever gone by a different name? Yes\_\_\_\_\_ No\_\_\_\_ (i.e. nickname, maiden name, name change) If yes, give name and explain: **EDUCATION:** 4. High School Graduate? Yes\_\_\_\_\_ No\_\_\_\_ GED\_\_\_\_ Year\_\_\_\_\_ 5. Name of High School and location: 6. College Graduate? Yes\_\_\_\_ No\_\_\_\_ Year\_\_\_\_ Degree\_\_\_\_ 7. Name of College: If no degree, approximate number of credits: 8. Other technical training related to police:

MARITAL STATUS:	Single	Married	Divorced	Separated	Widowed	
RELATIVES:						
9. Spouse's name						
10. Spouse's occupation_						
11. Former spouse's name	>					
12. Do you have any child	lren? (list na	imes, sex, age)				
13. Brother(s) and sisters(	(s) names and	d addresses				
14. Name and address of than parents)	all individua	ls with whom yo	ou have lived duri	ng the last 15 years	s (include relatives of	her
EXPERIENCE:						
15. What are your career	goals?					
16. How long do you exp	ect to be wit	h this departmen	ıt?			
17. What other police or 6		•				
18. Have you ever been en yes, give names and dates						If —
19. Are you still employe	d with anoth	er agency? Yes_	No I	f not, explain reaso	on for leaving.	

O. If you were employed by another agency, did you ever receive any disciplinary actions?  es No If yes, explain
1. Were you ever rejected by another agency? Yes No If yes, explain.
MPLOYMENT:
2. List your present employer, correct mailing address and phone number. Include name of immediate supervisor and the exact date of employment.
3. List <u>all</u> previous employers in the last ten years. Include exact dates of employment, correct mailing address, zipode, phone number, and name of immediate supervisor.
4. Were you ever fired or dismissed from a job? Yes No If yes, explain.
5. Did you ever quit before you were about to be dismissed? Yes No If yes, explain.

26. Were you ever counseled or reprimanded by any supervisor for being late or absent? Yes No If yes, explain.
27. Were you ever counseled or reprimanded for misconduct or unsatisfactory job performance? Yes No If yes, explain.
INDEBTEDNESS:  28. Have any debts/bills ever been turned over to a collection agency? Yes No If yes, explain (when, where, etc.)
29. Have you ever had an item repossessed? Yes No If yes, explain
30. Have you ever filed or declared bankruptcy? Yes No If yes, explain
DRIVING RECORD:
31. Do you have a current valid driver's license? Yes No License number Class State
32. List all traffic accidents you have had as the operator of a vehicle. Include dates, if investigated by police, if citation was issued, reason for citation and disposition.
33. Had you been drinking before any of the accidents occurred? Yes No If yes, explain.

34. Have you ever been involved in a hit and run accident? Yes No If yes, explain.	
35. Do you have any pending lawsuits because of an accident? Yes No If yes, explain when, where which court.	
6. Have you ever possessed a driver's license from another state? Yes No If yes, which state (s) a License number (s)	nd
7. Has your license ever been suspended, revoked or cancelled in this state or any other state? Yes No f yes, explain.	
8. Do you currently have auto insurance? Yes No What company is/was your insurance with?	
9. Has your insurance ever been cancelled in this state or any other state? Yes No If yes, explain.	
O.Were you ever denied auto insurance? Yes No  1. List all traffic tickets (except parking) you have received in this state or any other state. Include dates and ocation.	
2. Do you have any parking tickets in this state or any other state that have not been paid? Yes Noes, Explain	If
ARREST/CRIMINAL BACKGROUND:  3. Have you ever committed or participated in, or conspired to commit any of the following serious crimes:	
Aurder         Larceny           Rape         Robbery           Manslaughter         Arson           sex Crimes         Burglary           Other (explain):	

44. Have you ever been convicted of archarge):	ny crime as a juvenile?	? Yes N	No	If yes, explain (when, where,
45. As a juvenile, did you ever have to				
46. Were you ever expelled or suspend	ed from school? Yes_	No	_ If yes,	explain (when, where, charge):
47. Have you ever been arrested as an a	adult? YesNo_	If yes, e	xplain (w	hen, where, charge):
48. Do you have any criminal charges, Yes No If yes, explain (wh	as a juvenile or adult,			
49. Have you ever been served a summ	ons to appear in court			
50. Have you ever been in jail, prison of criminal charge? YesNo				a <u>motor vehicle charge</u> or
51. Have you ever appeared in court as	an accused? Yes	No I	f yes, exp	plain (when, where, charge):
52. Did you ever steal anything valued where):	at \$200.00 or more?	Yes No_	If	yes, explain (what, when,
53. Did you ever steal anything valued	at under \$200.00? Ye	esNo	If yes	, explain (what, when, where):
Money II Merchandise II Office supplies II Government II	From other personFrom employer(s)From residenceFrom parents/relatives_Receive stolen goods_			
54. Have you ever been placed on paro	•	No	_	
55. Do you presently owe any money of	on court fines? Yes	No		

56. Have you ever caused the death of another person? Yes No
57. Have you ever accompanied others while they engaged in any criminal act? Yes No If yes, explain:
58. Did you ever commit perjury? Yes No if yes, explain (when and where):
59. Have you ever deliberately damaged or destroyed the property of an employer? Yes No If yes, explain:
MILITARY:
60. List all military service. Include branch, exact entrance and discharge dates and type of discharge:
61. While in the military, did you receive any type of punishment(s)? Include fines, extended duty time, loss of leave, loss of rank, etc. Also type of hearing (when, where) Yes No If yes, give brief description of charges and punishment:
62. Were you honorably discharged from the military? Yes No If not, explain fully type of discharge:
63. Did you complete your entire enlistment period? Yes No If not, explain why:
64. Were you ever in a Reserve or National Guard Unit? Yes No If yes, give exact dates and location of unit:
65. Were you ever turned down by any military unit? Yes No If yes, explain why, when, where:
66. Did you ever steal anything from the military? Yes No If yes, explain what, when, where:

67. Were you discharged to	under a condition which prohibits your reenlistment? Yes No
DRUGS:	
	rested for any drug violation(s)? Yes No If yes, explain:
	d the law by the use of the following drugs without a prescription? (Do not respond yes, if the following as prescribed for you by a physician).
Marijuana	Explain
L.S.D	Explain
Cocaine	Explain
Heroin	Explain
Amphetamines	Explain
Barbiturates	Explain
Any other drug	Explain
70. Have you ever been coyes, explain:	onvicted of possession or the use of any of the above listed drugs? Yes No If
	type of illegal drug? Yes No If yes, explain:
72. Have you ever bought	any type of illegal drug? Yes No If yes, explain:
How often:Largest amount ever purch	hased:
	ng any type of illegal drug? Yes No If yes, what type of
74. Have you ever grown	marijuana or mushrooms? Yes No
75. Have you ever given a	way illegal or unauthorized prescription drugs? Yes No
76. Do you drink alcoholi	c beverages? YesNo
explain:	rested because of drinking? YesNo If yes,
	ned alcoholic beverages on any job during working hours? Yes No If yes,

79. List three (3) personal reference and area codes):	ences (include complete name	s, addresses and phone numbers, inc	luding zip codes
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•	•	understand that any misrepresentation of Police O	
Signature:		Date:	